

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/743255

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		/	
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TOTAL IND.	/	↓	/	↓
TOTAL DEP.	5	↔	4	↔
TOTAL CLAIMS	6	[REDACTED]	5	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓					
TOTAL DEP.		↔		↔			↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]			[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS